



Participant Name _____

Program Name _____

Age _____

Grade _____

Male Female
(circle one)

XS(2-4) S (6-8) M (10-12)
L(14-16) XL(16-18) Adult Small
T-Shirt Size (circle one)

Child's Date of Birth _____ Does your child have special needs? Y N If Yes, please explain _____

Swim Lessons

Circle Session: Feb Mar Apr May Summer 1 Summer2 Summer3 Summer 4 Sept Oct Time: _____

Circle Class Level: Pre/K L1 L2 L3 L4 L5 L6 Aquatots Private Adult

I grant permission for _____ to participate in the Knoxville Recreation Center's program. I voluntarily waive claim against the Commission, City Officials, Employees and Volunteers for any and all liability in connection with the program. I also state that my child is physically fit to take part in this program.

I would like to volunteer to help as:
Coach _____ Asst. Coach _____
T-Shirt Size _____

Best Source of Information: Facebook _____ Radio _____ Email _____ Flyer _____
Website _____ Friend _____ Program Guide _____ Text Message _____ Other _____

Parent's Signature _____

Print Parent Name _____

Address _____

Phone (option 1) _____

Phone (option 2) _____

City, State & Zip _____



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